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## APPLICANTS

Jack E. Lohman, Colgate, WI;  
 Timothy L. Lohman, Minnetonka, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/827,551 04/06/2001 PAT 6,701,183 OK *Ritz 8/16/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none Ritz 8/16/06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

\*\* SMALL ENTITY \*\*

04/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 8	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>John Geden</i> <i>JLG</i> Examiner's Signature Initials				

## ADDRESS

26710

## TITLE

LONG TERM CARDIAC MONITOR

FILING FEE RECEIVED 1687	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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